

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E.H.		07-11-01
O.I.P.E. CLASSIFIER		15	7-15-01
FORMALITY REVIEW	ck	1109	8/29/01
RESPONSE FORMALITY REVIEW			

Best Available Copy

INDEX OF CLAIMS

..... Rejected N Non-elected
 Allowed I Interference
 (Through numeral) Canceled A Appeal
 Restricted O Objected

Tic 1109

Claim	Final	Original	Date
1	✓	✓	1/10/03
2	✓	✓	1/10/03
3	✓	✓	1/10/03
4	✓	✓	1/10/03
5	✓	✓	1/10/03
6	✓	✓	1/10/03
7	✓	✓	1/10/03
8	✓	✓	1/10/03
9	✓	✓	1/10/03
10	✓	✓	1/10/03
11	✓	✓	1/10/03
12	✓	✓	1/10/03
13	✓	✓	1/10/03
14	✓	✓	1/10/03
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16	✓	✓	1/10/03
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If more than 150 claims or 10 actions
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